

Emergency ●

District _____ District Code _____ Facility Name _____ School Code _____

Grade Level Served _____ Current Student Capacity _____ District Organization Plan _____

1 DESCRIPTION AND SCOPE OF PROPOSED PROJECT

A. Check and complete the applicable items:

1. _____ New Building
2. _____ Addition
3. _____ Renovation or Alteration (Describe) _____

4. _____ Relocatable Classroom. Number _____ Size _____
5. _____ Equipment/Furnishings Procurement (Describe) _____

6. _____ Other (Describe) _____

7. Site (Complete the Following):

- a. Site Acquisition _____ Expansion _____ Number of Acres _____
b. A site has been acquired in accordance with 702 KAR 4:050 regulations _____
Initials of District Superintendent
c. Location _____
d. Proposed site currently owned by District: (Y) (N)

B. Compliance with 702 KAR 1:001/702 KAR 4:160

This application is being submitted for (refer to current plan):

1. Priority Category: _____
2. Discretionary Item Number: _____
3. Minor project not listed on Facility Plan: _____

IF NONE OF THE ABOVE APPLY, YOUR FACILITY PLAN WILL NEED TO BE AMENDED.

C. Please provide a complete narrative of the proposed project.

LOCAL BOARD ORDER AUTHORIZING PROJECT AND NARRATIVE JUSTIFICATION MUST BE ATTACHED

D. Program Square Footage**Complete for new facilities, additions and renovations.****New Facility:**

_____Preschool _____Elementary _____Middle _____High _____Alternative Center

_____Capacity _____Gross Square Footage

Additions or Renovations: **(Please mark "R" after total program square footage entered if renovation.)**

<u>Number</u>	<u>Total Net Program Sq. Ft.</u>	<u>Number</u>	<u>Total Net Program Sq. Ft.</u>
Instructional:		Support Space:	
_____ Preschool Classroom (P)	_____	_____ General Office (GO)	_____
_____ Elementary Classroom (E)	_____	_____ Staff Office (SO)	_____
_____ Middle/High Classroom (MH)	_____	_____ Administrative Area (AD)	_____
_____ Special Education (Self-Contained) (SE)	_____	_____ Guidance Office (GUO)	_____
_____ Resource - Elementary (ER)	_____	_____ Guidance Reception (GUR)	_____
_____ Resource - Middle/High (MHR)	_____	_____ Custodial Receiving (CR)	_____
_____ Art - Elementary (ARE)	_____	_____ Site Based Office (SBO)	_____
_____ Art - Middle/High (AR)	_____	_____ Site Based Conference (SBC)	_____
_____ Band (BA)	_____	_____ Family Resource Area (FRA)	_____
_____ Vocal Music (MUV)	_____	_____ First Aid with Toilet (FA)	_____
_____ Music - Elementary (MUE)	_____	_____ Records Room (RR)	_____
_____ Computer - Elementary (COE)	_____	_____ Workroom (WR)	_____
_____ Computer - Middle (COE)	_____	_____ Kitchen (K)	_____
_____ Computer - High (COH)	_____	_____ Cafeteria (C)	_____
_____ Science Room (SCR)	_____	_____ Mechanical Room (MR)	_____
_____ Science Lecture Lab (SCL)	_____		
_____ Auditorium (AU)	_____	Other:	
_____ Library (L)	_____	_____ Bay Bus Garage (BU)	_____
_____ Physical Education (PE)	_____	_____ Central Office (CO)	_____
_____ Agriculture (AG)	_____	_____ Board Room (BR)	_____
_____ Business Education (BE)	_____	_____ Central Storage Facility (CSF)	_____
_____ Developmental Occupations (DO)	_____	_____ Other _____	_____
_____ Marketing Education (ME)	_____	_____ Other _____	_____
_____ Home Economics (HE)	_____	_____ Other _____	_____
_____ Industrial Technology (IT)	_____		
_____ Drafting (DRF)	_____	TOTAL NET PROGRAM SPACE	_____
_____ Other _____	_____		
_____ Other _____	_____		
_____ Other _____	_____		
_____ Other _____	_____		

For Phased Projects:

Estimated Total Net Program Square

Footage (Include all Phases)

Estimated Total Construction

Cost (Include all Phases)

Estimated Contract Date of Final Phase

This BG-1 is for Phase _____ of _____ Phases

II PROPOSED PLAN TO FINANCE APPLICATION

A. Statement of Probable Cost:

1. Total Construction Cost

2. Architect/Engineer Fee

3. Construction Manager Fee

4. Bond Discount

5. Fiscal Agent Fee

6. Contingencies

7. Site Acquisition

8. Equipment/Furnishings

9. Equipment/Computers

10. Technology Network System(KETS)

11. Other
- _____

- Total Estimated Cost

B. Funds Available:

1. SFCC Cash Requirement

2. SFCC Bond Requirement

3. SFCC Bond Sale

4. Local Bond Sale

5. Cash - General Fund

6. Cash - Capital Outlay

7. Cash - F.S.P.K.

8. Cash Investment Earnings

9. KETS

10. Other

11. Other
- _____

- Total Funds Available

THE ABOVE INFORMATION IS A STATEMENT OF PROBABLE COST AND FUNDS AVAILABLE AND IS REQUIRED TO BE REVISED TO CORRESPOND TO ACTUAL BIDS RECEIVED PRIOR TO THE SIGNING OF CONSTRUCTION CONTRACTS.

TO BE COMPLETED ON INITIAL & REVISED APPLICATION: The signing of this financial document certifies the above stated funds are available and designated for this project during this fiscal year.

_____ Superintendent

_____ Date

_____ Chairman

_____ Date

ORIGINAL SIGNATURES REQUIRED

NOTE: Any district anticipating the financing of this and/or other projects in a combined school revenue Bond should discuss the financing with the Director of Division of Finance.

TO BE COMPLETED ON INITIAL APPLICATION:

This building project application is approved by the Division of Facilities Management indicating compliance with current facility plan or minor project under 702 KAR 1:010.

Comments: _____

Director/Branch Manager, Facilities Management

Date: _____

TO BE COMPLETED ON INITIAL APPLICATION WHEN KETS FUNDING IS INDICATED: Technology Approval:

Application approval based on available KETS funding and conformance with approved district technology plan. Disbursement of these funds may require additional approval.

Comments: _____

Director, Division of Systems Support, Education Technology

Date: _____

TO BE COMPLETED ON INITIAL & REVISED APPLICATION:

Financial Approval: Tentative approval based upon financial information provided this office in support of projected cost.

Comments: _____

Director/Branch Manager, Division of Finance

TO BE COMPLETED ON INITIAL APPLICATION:

This building project application is hereby approved according to the condition outlined in the application. You should now proceed in accordance with the attached checklist.

Comments: _____

Date: _____

Associate Commissioner, District Support Services
Date: _____

LOCAL BOARD ORDER AUTHORIZING PROJECT AND NARRATIVE JUSTIFICATION MUST BE ATTACHED